

Case Number:	CM15-0007041		
Date Assigned:	01/22/2015	Date of Injury:	04/09/2003
Decision Date:	03/20/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on April 9, 2003. The mechanism of injury is unknown. The diagnoses have included lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, spinal cord stimulator trial, reactionary depression and anxiety and medication-induced gastritis. Treatment to date has included diagnostic studies, surgery, epidural steroid injections and medications. Currently, the IW complains of increasing pain in his lower back with debilitating radicular symptoms in both lower extremities. The pain was rated as a 7 on the 1-10 pain scale. The pain is aggravated by any type of bending, twisting and turning. Without his medications, he has difficulty in performing most activities of daily living. The epidural steroid injections provide significant relief with notable improvement in activity tolerance lasting 4-6 months. On December 27, 2014, Utilization Review non-certified Norco 10/325 milligrams #120, Doral 15 milligrams #30, one urine drug screen and four trigger point injections with 10 cc of 0.25% Bupivacaine, noting the California Chronic Pain Medical Treatment Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of Norco 10/325 milligrams #120, Doral 15 milligrams #30, one urine drug screen and four trigger point injections with 10 cc of 0.25% Bupivacaine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(1) Prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Opioids

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Norco is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. The certification of the requested medication is not recommended.

(1) Prescription of Doral 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Benzodiazepines Page(s): 24.

Decision rationale: Doral is a benzodiazepine derivative indicated for the treatment of insomnia. The medication has anxiolytic, sedative and hypnotic properties. According to California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain or insomnia because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks as there is a risk of psychological and physical dependence or frank addiction. Medical necessity for the requested item has not been established. The requested medication is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis (opiate screening).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Urine Drug Testing

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient had a previous urine drug screen reported on 9/12/2014 and there was no indication to repeat this test in a short time interval. Additionally, since Norco was not found to be medically necessary, then all other associated items are not needed. Therefore, the requested urine drug screenings are not medically necessary.

4 Trigger point injection with 10cc of 0.25% Bupivacaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Trigger points Page(s): 122.

Decision rationale: According to California MTUS Guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2) Symptoms have persisted for more than three months; 3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; 4) Radiculopathy is not present on exam; 5) Not more than 3-4 injections per session; 6) No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; 7) Frequency should be at an interval less than 2 months; 8) Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. There was no documentation provided indicating circumscribed trigger points with palpable twitch response and referred pain. Medical necessity for the requested item has not been established. The requested trigger point injections is not medically necessary.